

1 have filed a joint stipulation. After reviewing the matter, the Court concludes that
2 the decision of the Commissioner should be reversed and the matter remanded.

3 Plaintiff makes two challenges to the Administrative Law Judge's ("ALJ")
4 determination. Plaintiff alleges that the ALJ erred in, (1) finding plaintiff not
5 credible as to her subjective complaints of pain and (2) properly evaluating the
6 medical evidence of record.

7 Each of plaintiff's contentions will be addressed in turn.

8
9 **I. THE ALJ INCORRECTLY FOUND PLAINTIFF NOT CREDIBLE AS
10 TO HER ALLEGED PAIN**

11 This Circuit has held that if the ALJ's decision is based on a credibility
12 assessment, there must be an explicit finding as to whether the plaintiff's testimony
13 was believed, or disbelieved, and the testimony cannot be entirely discounted simply
14 because there was a lack of objective findings. Cotton v. Bowen, 799 F.2d at 1407.
15 The Cotton standard was reaffirmed in Bunnell v. Sullivan, 947 F.2d 341, 345 (9th
16 Cir. 1991) (*en banc*), which held that an adjudicator who finds a claimant's
17 allegations of severity of pain to be not credible must specifically make findings
18 which support this conclusion. The Cotton test imposes two requirements on the
19 claimant: (1) she must produce objective medical evidence of an impairment or
20 impairments; and (2) she must show that the impairment or combination of
21 impairments could reasonably be expected to (not that it did in fact) produce some
22 degree of symptoms.

23 Once a claimant meets the Cotton test and there is no affirmative evidence of
24 malingering, the ALJ may reject the claimant's testimony regarding the severity of
25 his symptoms only if he makes specific findings and states clear and convincing
26 reasons for doing so. Dodrill v. Shalala, 12 F.3d 915, 918 (9th Cir. 1993).
27 Moreover, to find the plaintiff not credible, the ALJ must rely either on reasons
28 unrelated to the subjective testimony (e.g., reputation for dishonesty), on conflicts

1 between her testimony and her own conduct, or on internal contradictions in her
2 testimony. Light v. Social Security Administration, 97 D.A.R. 12195, 12198 (9th
3 Cir. 1997).

4 An ALJ's observation that plaintiff did not exhibit "physical manifestations
5 of prolonged pain at the hearing provides little, if any support for the ALJ's ultimate
6 conclusion that the claimant is not disabled or that his allegations of constant pain
7 are not credible..." Gallant v. Heckler, 753 F.2d 1453, 1458 (9th Cir. 1989).

8 Also, the Ninth Circuit has consistently held that the ability to perform
9 various daily activities does not necessarily translate into the ability to perform these
10 activities in a work setting and on a consistent basis. Fair v. Bowen, 885 F.2d 597,
11 603 (9th Cir. 1989).

12 In the instant case, plaintiff asserts that she became disabled due to
13 hypertension, lower back pain, pain in the lower extremities, diverticulitis, inflamed
14 liver, heart problems, and mental difficulties. [AR 15]. The ALJ found that the
15 plaintiff's lumbar spine injury status post fusion surgery is a "severe" impairment.
16 [AR 25].

17 Plaintiff's combination of impairments could reasonably be expected to cause
18 her pain and discomfort. In order to alleviate her pain, plaintiff has been taking
19 800mg of Ibuprofen. [AR 23, 117]. In addition to back surgery in 2000, plaintiff
20 has taken a variety of other precautions and treatments, including pain gel, electric
21 pillow, ice, and a shocking machine. [AR 23, 115]. Thus, the fact that plaintiff
22 takes pain relieving medication and receives other treatments lends credibility to her
23 testimony of pain.

24 The ALJ's reasons for not finding plaintiff's testimony credible are not
25 convincing. The ALJ noted that plaintiff's complaints of pain were not consistent
26 with the level of treatment she has received since August 2002 when she was
27 declared permanent and stationary. (AR 23). The Commissioner uses the fact that
28 plaintiff chose not to undergo a second surgery, and instead use medication to

1 manage her condition, as one of a few reasons for not giving credibility to plaintiff's
2 complaints of pain. [AR 23]. However, a disability claimant should not be expected
3 to undergo the most extensive and extreme forms of treatment available for pain
4 before her subjective complaints of pain may be accepted as credible.

5 The ALJ also improperly considered plaintiff's ability to perform physically
6 light duties, and her level of English language proficiency, when considering her
7 credibility. (AR 23-24). Plaintiff testified to driving, cooking, dishwashing,
8 attending church, visiting her sisters, shopping, watching television, and reading.
9 (AR 24, 83-85, 419, 427, 841-42). Plaintiff also testified that she needs help with
10 housework, and that she does no gardening. (AR 841-42). Plaintiff's participation
11 in a small amount of daily activities does not translate into an ability to be
12 productive, independent, and reliable in a work setting. Indeed, she requires
13 assistance with many of her daily activities, including bathing. (AR 841).

14 The ALJ improperly considered the fact that plaintiff drives a car and that she
15 has taken the United States citizenship test as indications that plaintiff had more of
16 an ability to understand English than she claimed. (AR 23-24). Plaintiff's
17 testimony that she took the California drivers' license test in Spanish, and only
18 understands "some" traffic signs, does not establish that she has a higher level of
19 English language proficiency than she claims and thus, has no bearing on her
20 credibility. (AR 841-42)

21 **II. THE ALJ PROPERLY CONSIDERED AND DEVELOPED THE** 22 **RECORD OF THE TREATING SOURCE**

23 A treating physician's opinion is entitled to greater weight than that of an
24 examining physician. Magallanes v. Bowen, 881 F. 2d 747, 751 (9th Cir. 1989),
25 citing Sprague v. Bowen, 812 F.2d 1226, 1230 (9th Cir. 1987). A treating
26 physician's opinion is given deference because he is employed to cure the claimant
27 and has a greater chance to know and observe the claimant as an individual.
28 Sprague, 812 F.2d at 1230. "The treating physician's opinion is not however,

1 necessarily conclusive as to either a physical condition or the ultimate issue of
2 disability.” Magallanes v. Bowen, 881 F.2d at 751, citing Rodriguez v. Bowen, 876
3 F.2d 759, 761-62 n.7 (9th Cir. 1989).

4 The weight given a treating physician’s opinion depends on whether it is
5 supported by sufficient medical data and is consistent with other evidence in the
6 record. 20 C.F.R. § 404.1527 (2004). A physician’s determination must neither be
7 conclusory, nor unsubstantiated by relevant medical documentation. Johnson v.
8 Shalala, 60 F.3d 1428, 1432 (9th Cir. 1995). A medical opinion is considered
9 uncontroverted if all the underlying medical findings in the record of plaintiff’s
10 physical impairments are similar. Sprague v. Bowen, 812 F.2d at 1230. When there
11 is a conflict between the opinions of a treating physician and an examining
12 physician, as here, the ALJ may disregard the opinion of the treating physician only
13 if he sets forth “specific and legitimate reasons supported by substantial evidence
14 in the record for doing so.” Lester v. Chater, 81 F.3d 821, 830 (9th Cir. 1996); see
15 also Cotton v. Bowen, 799 F.2d 1403, 1408 (9th Cir. 1986). A doctor’s opinion that
16 rests on his own independent examination of the plaintiff will constitute substantial
17 evidence. Miller v. Heckler, 770 F.2d 845, 849 (9th Cir. 1985); Allen v. Heckler,
18 749 F.2d 577, 579 (9th Cir. 1984).

19 In the instant case, Dr. Sobol was plaintiff’s treating physician. In September
20 20, 2002, the doctor’s evaluation of plaintiff was that she should be limited to light
21 work and precluded from prolonged weight bearing. [AR 315].

22 However, Dr. Sobol’s opinion of plaintiff’s limitations were not shared by
23 another doctor who examined plaintiff. Dr. Sophon examined plaintiff in November
24 2003 and opined that plaintiff would be limited to: (1) lifting and carrying 30
25 pounds occasionally; (2) lifting and carrying 10 pounds frequently; (3) sit, stand, or
26 walk for 6 hours per 8-hour workday; and (4) occasional bending, stooping, and
27 crouching. [AR 472]. Since Dr. Sophon’s examination was based on his own
28 independent examination, it constitutes substantial evidence.

1 Dr. Sobol's opinion is not consistent with other medical evidence in the
2 record, and was contradicted by Dr. Sophon's independent examination. Thus, the
3 contrary opinion of Dr. Sophon serves as an additional specific and legitimate
4 reason for rejecting or giving less weight to the opinion of Dr. Sobol.

5
6 **a. The ALJ properly evaluated Plaintiff's mental impairment**

7 The plaintiff also asserts that the ALJ erred in assessing her mental
8 impairment. Dr. Paculdo psychiatrically examined plaintiff in July 2003. [AR
9 425-27]. Dr. Paculdo opined that plaintiff does not suffer from any psychiatric
10 limitations. [AR 425-27]. Furthermore, the state agency physicians concurred
11 with Dr. Paculdo's opinion. [AR 428-443].

12 Plaintiff was also evaluated by Dr. Mendelson, who performed a psychiatric
13 evaluation. [AR 641-42]. Dr. Mendelson concluded that plaintiff would have "very
14 slight" to "slight" impairments in various work functions. [AR 641-42]. The ALJ
15 concluded by stating, "Claimant has no severe mental impairments," and that his
16 assessment was not inconsistent with Dr. Mendelson's permanent and stationary
17 assessment. [AR 23]. Plaintiff contends that reversible error was made when the
18 ALJ stated that Dr. Mendelson's opinion was not inconsistent with the opinions of
19 other psychiatrists. Plaintiff also asserts that Dr. Mendelson's opinion clearly
20 demonstrates the existence of severe mental impairments. However, neither of
21 plaintiff's arguments are persuasive. Dr. Mendelson never opined that plaintiff has
22 severe mental impairments, and plaintiff fails to cite otherwise. [AR 425-27]. The
23 Court cannot assume that the diagnosis of "very slight" to "slight" impairments in
24 various work functions should be considered "severe."

25 Furthermore, the ALJ's characterization of Dr. Mendelson's and other
26 psychiatrists' opinions as "not inconsistent" is harmless error. There are
27 inconsistencies between the opinions of the psychiatrists and the ALJ resolved this
28 issue by giving greater weight to the consultative examiner and DDS consultants,

1 which is well within the ALJ's discretion. [AR 23].

2
3 **b. The ALJ properly considered the Workers' Compensation terms**
4 **and physician opinions**

5 Finally, plaintiff asserts that the ALJ failed to adopt the workers'
6 compensation physicians' opinions that she was "temporarily totally disabled."
7 Pursuant to Social Security Ruling 06-03p, the ALJ properly considered the opinion
8 of a workers' compensation physician to not be binding on the Social Security
9 Administration. [AR 20]. Plaintiff correctly states that the ALJ is not bound by
10 these opinions, but that the ALJ must draw inferences logically flowing from the
11 evidence. However, the medical assessments provided by the workers' compensation
12 physicians were not substantiated by medical evidence relevant to making any logical
13 inference. Unlike other treating physicians' opinions in the record, the workers'
14 compensation physician lacked important information, such as plaintiff's exertional
15 limitations, which should have been considered when determining plaintiff's
16 disability status.

17 For the foregoing reasons, the decision of the Commissioner is reversed, and
18 the matter is remanded for further proceedings in accordance with this Decision,
19 pursuant to Sentence 4 of 42 U.S.C. § 405(g).

20 DATED: March 13, 2007

21
22
23 /S/

24
25

STEPHEN J. HILLMAN
26 UNITED STATES MAGISTRATE JUDGE
27
28